



Borough of Swindon
EDUCATION COMMITTEE.

Annual Report

FOR THE YEAR 1922,

OF THE

School Medical Officer,

DUNSTAN BREWER, M.R.C.S. L.R.C.P., D.P.H.

BOROUGH OF SWINDON

EDUCATION COMMITTEE.

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STAFF.

School Medical Officer—DUNSTAN BREWER, M.R.C.S., L.R.C.P., D.P.H.

Assistant School Medical Officer—MARION DRAPER, M.B., Ch.B., D.P.H.

Specialist Ophthalmic Surgeon.

RICHARD PHILIP BROOKS, F.R.C.S., L.R.C.P., L.S.A.

Dental Surgeon.—ERNEST R. HOWLETT, L.D.S., R.C.S., Eng.

Clerk—S. MANSFIELD DEE.

School Nurses—

Miss A. M. HOARE.

Certificate of Central Midwives Board.

Certificate of the Royal Sanitary Institute.

2 years Certificate of Hospital Training.

Miss I. D. SAMPSON.

Certificate for Tuberculosis (Royal Chest Hospital, London).

Queens Nurse.

Certificate of Central Midwives Board.

3 years Certificate of Hospital Training.

Miss E. M. PILCHER.

School Nurses and Health Visitors and Tuberculosis Certificate.

3 years Certificate of Hospital Training.

Miss R. HEMBRY.

3 years Certificate of Hospital Training.

**BOROUGH OF SWINDON,
E D U C A T I O N C O M M I T T E E .**

Area	....	....	....	....	....	4,265 Acres
Number of Elementary Schools	....		....	....	....	14
Number of School Departments	....		....	....	....	30
Recognised Accommodation	....		....	....	....	10,300
Number of Children on Register	9,268
Average Attendance	8,000

Number of Secondary Schools	2
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Number of Scholars on Roll :—

Victoria Road	438
Euclid Street	335

*To the Chairman and Members of the Education Committee
of the Borough of Swindon.*

LADIES AND GENTLEMEN,

I have pleasure in presenting the Annual Report for the year 1922, upon the Medical Inspection and Treatment of School Children in the Borough.

There was no change in the Staff during the year. Dr. Marion Draper took up her duties as Assistant School Medical Officer on the 1st January and continued throughout the year.

Although no new departures of the School Medical Service were inaugurated during the year under review, medical inspection and treatment underwent considerable development and expansion and at the end of the year the scheme in force in the borough had reached a stage of finality under our existing powers and provisions.

The work entailed by the present scheme is, unquestionably, very heavy ; but there are indications that, as time goes on, it may become less onerous as arrears of work become eliminated. It follows that now that due attention is paid to the infants below school age and to school children immediately they enter school, the amount of attention required by the older scholars is much lessened and resolves itself into keeping pace with new abnormal conditions which arise during their school life.

Since the incidence of serious and long standing disease becomes lessened, time becomes available for the consideration of defects and conditions which are of a less important character and enables us to attend to defects which interfere to some extent with life, health, efficiency and enjoyment of life, but which do not threaten either crippling or serious inefficiency. Such conditions as flat foot, minor deformities, slight errors of nutrition, etc., can now be recorded and treated, which in the earlier days of school inspection had to be ignored, owing to the pressure of more serious matters. There is strong reason for supposing that these minor defects, which produce little inconvenience in childhood or early adult life, have considerable bearing upon the health of the middle aged. As our knowledge of disease increases and our investigations become more numerous and exact, we are beginning to understand more clearly the factors which help to produce the diseases of the latter half of life and the causes of premature degeneration, and we obtain increasing evidence that the causes which produce the condition known as "too old at

40 " must be sought for, and if possible eliminated, during the earliest periods of life. So that in attending to the health and well-being of children, we seek not only a healthy childhood and the capacity for entering employment, but also a long and healthy life and employment unhampered by recurring sickness and progressive diminution of vigour.

By the enlargement of our views of the objects of child-care we introduce a disturbing factor into the statistical evidence of the prevalence of diseases and defects. Thus the records of medical inspection during the present year do not, upon the surface, show great difference from those of past years. The number of children free from physical defects does not appear to be greater; the number of defects remains constant. But when we inquire into the relative standards of what is meant by " free from defect " and note the nature and the severity of the defects discovered and recorded, we find a wide difference between the children of to-day and those of ten or fifteen years ago, and are left with a feeling of satisfaction that the work done in the past has borne good fruit and are stimulated to progress further to obtain still greater benefits.

MEDICAL INSPECTION.

The classes of children submitted to systematic medical and dental inspection were the same as in past years, namely, " Entrants," " Leavers," and " Intermediates " (children born in the year 1913) for Medical Inspection and children born in the year 1914 for Dental Inspection. In addition to systematic inspection, all defective and ailing children are examined at frequent intervals. During the course of the year about 50% of the children attending the elementary schools are examined and about one third of them receive treatment. The system of medical inspection in vogue covers the whole ground pretty thoroughly, and does not allow any defect of importance to escape detection.

ARRANGEMENTS FOR MEDICAL TREATMENT AND RESULTS OF TREATMENT.

The numerous clinics for the treatment of defects and diseases of childhood are designed to afford such relief as is available to the whole juvenile population. It is found in practice that in order to obtain the best results and to ensure that treatment is available for all, it is necessary for the various clinics to be somewhat elastic, both as regards their scope and the times of attendance. Bearing in mind that the one aim of all public health work is the maintenance and improvement of the health of the community and of its individual members; it is essential for this

object to jettison all other considerations and to put up with a great deal of inconvenience by meeting the convenience and prejudices of the population. The majority of people are perfectly reasonable ; they are keen on the welfare of their children ; they are anxious to obtain treatment for any abnormal conditions ; they are more or less punctual to keep their appointments and more or less to be relied upon to carry out recommendations. But there is a considerable proportion of the population that is very much less reliable and as this section suffers most from disease, allowances must be made and all that is feasible must be done to prevent the children of this class from being unattended. The only way to do this is to give every facility and to undermine excuses for slackness. It is important and it is easy to give facilities for treatment to those who are eager to obtain it, but it is quite as important, though much more difficult, to give facilities to those who are careless or indifferent. We cannot dragoon the population ; nor has any method of compulsion been devised which does not defeat its object ; but we can make the right way easy and the wrong way so difficult and intricate that opposition is exhausted in its efforts to escape.

The general plan of the Clinics and their objects and methods of working remain the same as they were last year and it is only necessary to call attention to one or two matters which stand out prominently in the year under review.

RINGWORM.

For many years ringworm has been extremely prevalent in Swindon. In the middle of 1921 it was decided to investigate the matter thoroughly and introduce a systematic method of stamping out the disease. This work proved to be difficult and met with considerable opposition. The success of the scheme was hampered and delayed ; it was very difficult to get many of the worst cases under treatment ; several of the parents resented any form of treatment or any form of regulation for dealing with the condition and gave great trouble repeatedly which imperilled success. But on the other hand it can be recorded with great pleasure and satisfaction that over 90% of the parents of children suffering from ringworm did all in their power to help in the elimination of the disease and were prepared to undergo a considerable expenditure of time and trouble and to put up with a great amount of inconvenience and disappointment. The exasperating nature of ringworm may well excuse occasional exhibitions of temper for only those who have worked through ringworm until cure is completed know how much disappointment and irritation it can give rise to. Towards the middle of 1922 the work was well in hand and ringworm began to diminish rapidly. At the end of

the year the position had become extremely satisfactory. 45 cases of ringworm not completely cured were known to exist in the borough and there can be but few cases which were not known. Of the 45 cases which were not finished with, 22 were able to attend school as there was reason to believe they had ceased to be infectious. There were only 23 cases still in an infectious condition. Nine of these were being treated at the Clinic and the other 14 were made up of cases being treated privately and cases which, up to the end of the year, had remained refractory. In the early weeks of 1923 the improvement was going on rapidly, so we may consider that the scheme has achieved its object and that Swindon can be freed from ringworm. To keep the borough free by immediate attention to such new cases as may arise, is a matter that does not present any great difficulty.

ENLARGED THYROID GLAND.

In the Annual Report for last year it was stated that owing to the great prevalence of enlargement of the thyroid and signs of derangement of that gland's function which occurred in the inhabitants of Swindon, it was decided to establish a Clinic where the cases could be treated and where evidence could be collected bearing upon the subject. The matter is one of such obscurity that any extended series of observations is welcome in helping us to determine the part that the thyroid plays in the body's economy, the results of interference with its functions and the factors which cause its derangement.

There is no question of the frequency of the condition in the Swindon area. The writer is inclined to think that it is more frequent in this district than in any part of the country with which he is familiar, but as much greater attention has been devoted to the subject here than elsewhere this opinion may be somewhat biased.

The facts are briefly these:—

Obvious enlargement of the thyroid gland is very common in girls from 13 years of age and upwards; it is far less common in boys of the same age. In younger children it is met with occasionally. In girls the enlargements met with are usually more or less uniform; in the boys and younger children the enlargements are more usually central and present characters of definite tumours. The symptoms which accompany enlargements of the thyroid are invariably those of over-action of the gland. Frequently in girls, generally in boys and almost invariably in infants, symptoms are completely absent.

This is not the place to enter into a minute discussion of the observations made upon the subject and of the conclusions that may reasonably be drawn from them. It is sufficient to say that the causes of thyroid enlargements must be sought for at a date anterior to that at which the enlargement occurs: that the cause is nutritional and that probably it is due to failure of iodine metabolism. The evidence points to this failure being due to lack of iodine in the food in a form in which it can be assimilated. For centuries it has been held that thyroid enlargements are due to a hard water supply, and as the water supply in Swindon is a hard chalky water, it is naturally blamed as the cause for the local frequency of goitre. But this opinion is untenable and breaks down on the consideration of the evidence. For goitre is not limited to that district which is supplied by corporation water. It is equally frequent in the surrounding districts where the water is obtained from the oolite, the fuller's-earth, the coral-rag, and the cornbrash, or in those districts which use nothing but springs, superficial wells, or rain-water puddles. The only factor which is common to all these waters is that they are all alkaline.

The main object of the Clinic was to afford relief to those who had already developed enlargement of the gland and who were handicapped either by the appearance of the enlargement, or by the presence of symptoms of its disordered action. Acting upon the assumption that defective iodine assimilation was the main underlying factor in the causation of the enlargement it was considered advisable to treat the first cases with iodine. Painting of the neck with tincture of iodine is a time honoured remedy and this was used at first. It was found that cases so treated improved definitely. It was considered that the improvement may not be due to local action, but may be due to absorption of iodine. The second batch of cases was treated by painting the arm-pits with tincture of iodine, on the assumption that in this situation absorption would be more thorough and any local action on the thyroid eliminated. These cases improved more rapidly than the first batch. As it appeared that absorption of iodine was the point of importance, it was decided to treat the next batch of cases with iodine given by the mouth. For this purpose Iodine of Potassium was used. No improvement of any kind occurred in those who were so treated; so it was concluded that the iodine in Iodide of Potassium was not in a form in which it could be utilized. It was therefore discarded and a preparation known as "Collosal Iodine" was used instead. In using this preparation no attention was paid to the claims that are made for it, either as regards its physiological potency or its precise chemical or physical state. It was used solely because it apparently consisted of iodine with an organic base. The cases treated by "Collosal

Iodine" did better than any others. In the majority of cases the symptoms disappeared entirely and the thyroid diminished in size. For this reason it became the standard method of treatment. The matter will not be left in this position, though this treatment is the best we have tried so far. We shall not be satisfied and the disease will not be eliminated until its cause is accurately known and measures taken to suppress it.

The chief symptoms met with in thyroid enlargements are various tremors, alterations in the cardiac re-action on exertion and increase in the circumference of the neck. As a result of treatment, the tremors cease and the cardiac re-action becomes normal. As regards the circumference of the neck, this is very difficult to determine with exactness and still more difficult to decide whether the enlargement of the thyroid is increasing or diminishing; for the circumference of the neck will normally increase pretty considerably in the course of a year in a rapidly growing girl, and the actual size of the thyroid varies both normally and abnormally with a definite monthly rhythm.

ELECTRICAL TREATMENT.

In 1921 a Clinic was established to supply electrical treatment of various kinds for the benefit of the school children. During 1922 this Clinic developed considerably. The cases needing this form of treatment will never be very numerous and owing to the nature of the diseases treated, brilliant results are not to be expected. The chief conditions dealt with are Naevus, Infantile Paralysis, Injuries to Nerves, and other diseases of the nervous system. This Clinic fills a very definite gap. The majority of the cases require long and continuous treatment and this is quite unobtainable anywhere else. It is easy at this Clinic to give weekly treatment for months or years at an infinitesimal cost and with very slight expenditure of time on the part of the children, parents and staff. Considerable expansion of this Clinic is expected. The results, though by no means brilliant, are extremely useful, particularly in that they enhance the wage earning capacity of children who are severely crippled.

DISORDERS OF SPEECH.

Arrangements are made to give some form of treatment and training for speech defects. This department of the work needs developing. It does not appear impossible to produce a workable scheme for the relief of stammering and similar defects. The methods at present available in this country are of no practical utility to us as they entail a cost which neither the parents of the children nor the ratepayers are prepared to face. The experience

already gained offers a hope that a special class of instruction for stammerers (of which we possess about 12) may meet the needs, for it is found that, in early cases at all events, such little irregular attention as has been given to them, produces marked improvement and in some cases cure.

PROVISION FOR DISEASES OF THE EYE, AND DEFECTS OF VISION, NOSE AND THROAT, &c.

Provision for diseases of the eye, defects of vision, diseases of the nose and throat requiring operative treatment and minor ailments is now as complete as present circumstances will allow. The Clinic started last year for the treatment of diseases of the nose, ear and throat has developed favourably. The use of X-Rays for the detection of diseases and accidents is available at all times of the day and proves of great value to the citizens of Swindon, particularly for clearing up points of obscurity in connection with injuries to the joints and bones.

DENTAL CLINIC.

The full-time Dental Surgeon was fully occupied during the year and got through a larger amount of work than had been done in any previous year. The percentage of children recommended for treatment, who actually attended the Clinic and were treated remains about the same as in previous years. It is useless in the present circumstances to attempt to diminish the very large number of cases which do not receive the necessary treatment for it is beyond the capacity of one dentist to do all the work that is required. Until the Education Authority is in a position to increase the dental staff, those parents who neglect or refuse to have their children's teeth attended to must be left alone.

The dentistry of children is perhaps the most important of all preventive work. Though one cannot admit the extreme claims that have been made for dentistry in the prevention of disease, the large amount of disease which is undoubtedly due to dental defects and the all but universal prevalence of these defects, renders the sum of good which is produced by attending to the teeth of children of the greatest magnitude.

SCHOOL ACCIDENTS.

The scheme ruling in Swindon whereby every child injured on school premises is seen by the School Medical Officer or his Assistant, works quite smoothly and results in saving a considerable amount of after trouble. Injuries, particularly of the joints,

are much easier to estimate immediately upon their occurrence than after the lapse of even a few hours.

The facilities for X-raying the cases at once enables the presence or absence of serious injury to be determined and treated under the most favourable conditions. The work thrown on the School Medical Department by the adoption of this procedure is not very great and is amply rewarded.

INFECTIOUS DISEASE.

Mumps, Measles, Chicken Pox, Whooping Cough and Scarlet Fever as they invariably do, caused considerable interference with school life. With the exception of Scarlet Fever none of these diseases were unusually prevalent during the year 1922.

The loss of school life by contacts with infectious disease is a serious problem. It must be admitted candidly that the exclusion of contacts does nothing whatever to prevent the spread of disease, but on the contrary, by removing the children from observation tends rather to spread disease. Very drastic modification of the regulations which are in force is advisable. Like many other matters connected with the prevention of disease, our regulations are antiquated and have not kept pace with the increase of knowledge. The only rational excuse for excluding a child who has been in contact with infectious disease is that the contact himself may be incubating the disease and may develop the initial symptoms in a crowded classroom. This contingency can be guarded against far more efficiently by other means than the exclusion of children for weeks and sometimes months which the older regulations engenders. In Scarlet Fever in which the case is removed to hospital, the exclusion of contacts for one week is amply sufficient. In Diphtheria, exclusion until a swab from the throat has been proved to be negative, is all that is required. In Measles, exclusion of infants for three weeks might be justifiable. For Mumps, Chicken Pox and German Measles, exclusion of contacts is undersirable. The incubation period of these diseases is sometimes long and the diseases themselves are of such little consequence that an attack of one or other of them is of less importance than the loss of school time which quarantine enforces.

To leave contacts in school or at business and to watch them results in curtailing the spread of disease and the recognition of cases at the earliest moment. The effect of exclusion is merely to allow of the more complete diffusion of infection.

SECONDARY SCHOOLS.

The work done in the Secondary Schools, both as regards inspection and treatment, is on similar lines to that of the elementary schools, with the important exception that owing to the lack of staff we cannot offer dental treatment to the secondary school scholars. The inspection given is more thorough than that at present given to the elementary school scholars, as owing to their more advanced age and the high standard of physical fitness that will be required of secondary school scholars in the various occupations which they will follow, a more detailed examination is necessary and the relatively small number of secondary school children renders such an extended examination possible. The chief additions to the ordinary routine inspection are the estimation of colour vision and the estimation of endurance.

The experience gained during last year has added something to our knowledge of the estimation of endurance. Observations are accumulating so that within a few years it will be possible to draw up a scale of endurance for both sexes at different ages. It can be said at present that as regards the re-action of the heart to exertion there is little difference between the sexes, but very considerable differences at different ages. But as regards the endurance test of breath holding, the difference between the sexes is so marked and so constant that it suggests a fundamental difference which should have bearing upon the question of physical education. It would, however be premature to draw any sweeping deductions until further evidence has confirmed or negatived the results so far obtained.

During 1922 the only inspection given to secondary school scholars was the first examination upon admission, but in future years we hope to complete our full programme.

The inspection carried out in the secondary schools brought to light one or two matters of importance which were made the subject of a special report to the Governors of which the following is a short extract :—

BOYS.

The defects found are considerably less numerous and less serious than usual. The younger boys, i.e., those born in the years 1910 and 1911 are a very satisfactory lot, most of the defects being amongst those born in the years 1908 and 1909. The condition of the teeth in this batch of boys is far more favourable than I have ever met with. A considerable amount of this improvement is undoubtedly the fruit of Dental Inspection and Treatment in the Elementary

Schools. It is also possible that the rough diet during the war years may have had a favourable influence. As regards those boys for whom some slackening of mental and physical work is advisable, the great majority will, within the course of the year, be able to take the full curriculum with benefit.

Of the 208 boys examined, 199 will in all probability be reported as fully efficient before the end of their school life if they obtain the minor medical and surgical attention which is at present necessary to render them fully efficient.

GIRLS.

The findings of the medical inspection of the girls require some explanation. It will be noted that the defects registered amongst the girls differ very materially from those met with amongst the boys. On a former occasion I mentioned that speech defects and colour blindness are rarely if ever met with in females. Against this, enlargement of the thyroid gland is almost, but not entirely, limited to females. Errors of nutrition which are absent in the boys were present in 28 girls or roughly 16 per cent. On first sight it will appear strange that errors of nutrition should be absent in the boys and common in the girls, but it must be remembered that the boys examined were almost all children in whom puberty had scarcely started, whereas the girls were mainly in that unstable condition where puberty is advancing rapidly and the tissue activity is at its highest point. Enlargement of the thyroid gland and signs of derangement of its action may be looked upon also as errors of nutrition. It appears, therefore, that the great problem of the girl at puberty and the great difference between the two sexes at that time, resolves itself into the question of nutrition. In times of scarcity the girls at this age are the first members of the community to suffer and this for two reasons; first, that their feeding is more expensive than at any other period of life, or in the male at any period; and secondly ignorance of this fact; for there is a general opinion amongst the community that girls require less food than boys. The rapid tissue change that occurs in girls at puberty can only be carried out successfully if they are supplied with comparatively large quantities of animal proteids and fats, and it is unnecessary for me to remind you that these are the most costly of all articles of diet.

Reviewing the findings of the medical inspections in the secondary schools during 1922, one could tell at once that the population has passed, or is passing through a period

of scarcity and this accounts for the large number of defects of nutrition found ; for apart from this, the general condition of the girls is favourable and the number of permanent defects found is low.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

At the end of each term the names of all children about to leave school are submitted to the School Medical Officer who furnishes a report on their physical condition to the Juvenile Employment Committee. Apart from the value of this information to the Advisory Committee, to the employer and the child himself, it is of very great value to the School Medical Department as forming an index of the state of efficiency of children entering industry, of the value of school medical inspection and treatment, and of the results which have been achieved. During the year 1922, 939 children were passed out of the Elementary Schools. In 38 cases no report was available, but of the 901 children of which we have information, 797 or 88.4% were efficient ; 100 or 11.0% were partially efficient, and 4 or .44% were inefficient. Looking through the records of these children it becomes apparent that this result, which is an extremely favourable one, has been attained by constant supervision and detection and remedying of defects in their early stages.

JUVENILE OFFENDERS.

40 Children were brought before the Children's Court to answer charges, mainly of petty theft and wilful damage. All of the offenders were boys. Four of the boys dealt with were sent to a Reformatory until 19 years of age ; three were committed to an Industrial School ; in two, the cases were adjourned for further medical examination. The remaining cases were either dismissed or their parents were ordered to pay part of the costs and damages. In Swindon before a child is taken before the Children's Court, he is examined physically and mentally by the School Medical Officer. Of the 40 children who were dealt with during 1922, 28 were mentally normal ; 2 were mentally brilliant, 8 were mentally backward two years or more, and 2 were mentally defective. In addition two boys were partially deaf and one was otherwise physically defective. 15 of the boys had left school before they had got into trouble.

The number of offenders dealt with in 1922 is unusually large, but when all the factors are taken into consideration there is no cause for undue alarm or for holding a pessimistic outlook on the rising generation. None of the offences committed were of a really serious nature, most of them were quite trivial. One

cannot estimate the amount of juvenile delinquency and youthful pranks from the number of offenders that appear before the Courts, for it is unnecessary to state that only a very small proportion of minor offences ever appear before the Courts at all. For a prosecution to take place it is necessary not only for the offence to be committed, but for the offender to be caught and for somebody to institute proceedings. The last two factors vary enormously from time to time. In reviewing the cases which came before the Courts in 1922, we can see at once that had times been more prosperous and the temper of the population therefore rather sweeter, a great number of these cases would never have been taken to Court at all. It is worth remark that of the 40 offenders dealt with, 15 had already left school and were at a loose end with nothing to do. These were, in general, the ringleaders and the younger boys who were still attending school were, with few exceptions, led into trouble by their older comrades. When all these points are considered there is nothing in the subject to cause any misgiving from the point of juvenile crime, but there is cause for considerable anxiety in regard to the position of children between the time that they have left school and the time that they enter regular employment. When one considers that at the present time the majority of children, after they leave school at the age of 14, are practically turned loose without any form of occupation for two or three years, one can only wonder that the number of minor offences which has to be dealt with does not run into hundreds.

PROVISION OF MEALS.

The Education (Provision of Meals) Acts of 1906 and 1914, were in force in the borough throughout the year. The scheme for carrying out this work is similar to what was in vogue last year. It is extremely simple, easy to administer and very cheap; it is also completely efficient to deal with the local needs.

CONCLUSION.

No apology is needed for the brevity of this report, but it requires an explanation. The year we have been reviewing has been a year of solid hard work in which the principles introduced in past years were carried into efficient working. The necessity for economy excluded the introduction of new spheres of activity, but this is not to be regretted as a restful year was needed to consolidate the activities already in hand and to catch up all arrears of work. In a time when economies and drastic curtailments of activities were threatening all public enterprise, it is satisfactory to be able to record that the School Medical Department continued its work without change.

It must not be supposed however, that school medicine in Swindon has reached a final condition, there is much more that could be done and should be done and will be done, when we have recovered from our present financial anxieties. A severe handicap on the clinical work of the borough is the lack of accommodation at the Public Health Offices where the majority of the clinical work is carried out. The work has long since outgrown the accommodation provided, and the first need of the department to be satisfied is an increase of the present accommodation. The present crowded condition of the Clinics causes considerable embarrassment of the work and great inconvenience to the parents of the children and is the cause of the majority of the very few complaints which have to be investigated.

Another matter which is somewhat pressing is the need for another dentist. For the last two years the amount of dental work to be done has been far in excess of that which could be managed by a single dentist.

The importance of the School Medical Department to the population of the town may be gauged by the fact that more than one third of the child population of the borough is attended to at the Clinics every year and that eventually, should things continue as they are, more than 90% of the inhabitants of the borough will have received some form of individual benefit from the School Clinics.

I have the honour to remain,

Your obedient Servant,

DUNSTAN BREWER,

School Medical Officer.

March, 1923.

APPENDIX I.

REPORT OF SCHOOL DENTAL SURGEON

I have great pleasure in submitting the Annual Report on Dental Inspection and Treatment for the year 1922.

Dental Inspection and Treatment have proceeded without a break during the year; all the schools have been visited and inspected. It gives great satisfaction to note the sustained benefit derived by those children who have attended the Clinic for treatment; also the continued interest shown by the parents and guardians, 1059 having attended the Dental Inspections and thus been brought into personal contact with the Dentist—this tends to foster a co-operation in this branch of work. During the year 2,799 appointments have been made and 2,433 kept. The School Medical Officer has administered Gas to 48 children for the purpose of extractions: this has been appreciated both by the children and parents. Extractions otherwise have been performed by the aid of local anaesthetics.

The age group has been somewhat extended, in that all children, who have had previous treatment and are over the age of eight years, are now inspected in the yearly routine inspections and treated if necessary. The Dentist continues to acknowledge the co-operation of the School Teachers in fostering the interest in the dental welfare of the children and seeing that the appointments are punctually kept.

ROUTINE INSPECTION.

3,818 children were inspected in the schools.

1,060 children or 27.7% were found to be free from caries.

130 children or 3.4% required no treatment.

2,628 children or 68.8% were recommended for treatment.

1,391 children or 52.9% recommended for treatment attended the Clinic.

The total number of individual children, including "Specials" who attended the Clinic was 1,625, who made 2,491 attendances, 867 of these were rendered dentally fit as the result of treatment at the Clinic.

The last half-hour of the morning session (11.30 to 12 o'clock) continues to be kept for 'Special' and 'Causal' cases, i.e., those cases requiring treatment and who have not a definite appointment.

ERNEST R. HOWLETT, L.D.S., Eng.
School Dental Surgeon.

January, 1923.

APPENDIX II.

MARCH, 1923.

REPORT OF THE OPHTHALMIC SURGEON.

In submitting a summary of the work done in the Ophthalmic Department during the year 1922, I beg to report that there has been no epidemic disease so far as the eyes are concerned and that only a few cases of contagious catarrhal ophthalmia occurred which fortunately did not spread.

The amount of myopia (short sightedness) in the schools is comparatively small, I have met with only one serious case of progressive myopia and I should add that where myopia does occur it can nearly always be traced, not to educational work, but to excessive reading at home for amusement, where frequently the lighting is deficient, the print bad and the position assumed faulty. It therefore becomes one's duty to exhort parents to find some alternative recreation for their children. It is gratifying to find that the treatment is generally appreciated, both by parents and children but I regret that there is still a small proportion of cases in which I have not been able to satisfy myself that the glasses prescribed have been obtained.

Two cases of squint in which optical correction had failed to make a cure were treated successfully at the Royal Berkshire Hospital.

Annexed is a tabular statement of the cases treated during the year.

AFFECTIONS OF THE CONJUNCTIVA

Conjunctivitis, Phlyctenular	....	....	....	14
„ Catarrhal	....	....	....	3
„ Follicular	....	....	....	5
„ Mucopurulent	....	....	....	1
„ Angular	....	....	....	2
				—
				25
				—

CORNEA.

Keratitis Phlyctenular	....	....	....	7
„ Interstitial	....	....	....	3
Leucoma, Adherens	....	....	....	2
Nebulae	....	....	....	9
Ulcer	....	....	....	4
				—
				25
				—

IRIS AND CILARY BODY.

Synechia, Posterior	....	....	....	....	4
Iritis	....	....	....	....	2
Uveitis	....	....	....	....	1
					<hr/> 7

OPTIC NERVE AND RETINA.

Choroiditis	....	....	....	....	2
Retina-choroidal Atrophy	....	....	....	....	4
Atrophy of Optic Nerve	....	....	....	....	2
Optic Neuritis	....	....	....	....	1
Amblyopia, ex Anopsia	....	....	....	....	16
Detached Retina (injury)	....	....	....	....	1
					<hr/> 26

CRYSTALLINE LENS.

Cataract, Congenital	....	....	....	....	3
„ Capsular	....	....	....	....	1
					<hr/> 4

LACRYMAL APPARATUS, LIDS AND GLOBE.

Lacrymal obstruction	....	....	....	....	1
Blepharitis Cilairis	....	....	....	....	11
Chalazion	....	....	....	....	2
Trichiasis	....	....	....	....	2
Hordeolum	....	....	....	....	3
Staphyloma Totale	....	....	....	....	1
					<hr/> 20

REFRACTION AND ACCOMMODATION.

Anisometropia	....	....	....	....	3
Astigmatism, Hyperopic, Simple	....	....	....	....	7
„ „ Compound	....	....	....	....	43
„ Mixed	....	....	....	....	5
„ Irregular	....	....	....	....	2
„ Myopic, Simple	....	....	....	....	4
„ „ Compound	....	....	....	....	15
Hypermetropia	....	....	....	....	19
Myopia	....	....	....	....	9
„ Progressive	....	....	....	....	1
„ Incipient	....	....	....	....	7
Spasm of Accommodation	....	....	....	....	3

MUSCLES AND NERVES.

Paralysis of 6th Nerve	....	....	....	1
Paralysis of 7th Nerve	....	....	....	1
Asthenopia ....	....	....	....	2
Nystagmus ....	....	....	....	3
Strabismus, Convergent	....	....	....	23
„ Divergent	....	....	....	3
				<hr/>
				33
				<hr/>
Cases referred for examination in which no eye defect was found	....	....	....	6
				<hr/>
Cases unclassified	....	....	....	2
				<hr/>

ELEMENTARY SCHOOLS.

Number of new patients in 1922	....	....	251
Re-examinations from previous years	....	....	592

SECONDARY SCHOOLS.

Number of new patients, 1922	....	....	31
Re-examinations from previous years	14

Total Number of Examinations	888
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Total number of children for whom Spectacles were prescribed during the year	*465
Number of children who have obtained Spectacles			416
Number of children who have been given prescriptions for Spectacles but whose parents have probably neglected to obtain them			49

* This figure includes some children who were examined again from previous years.

R. PHILIP BROOKS, F.R.C.S.

STATISTICAL
TABLES.

Elementary Education.

TABLE I.—Number of Children Inspected 1st January, 1922, to 31st December, 1922.

A.—ROUTINE MEDICAL INSPECTIONS.

AGE.	ENTRANTS.						Inter- mediate Group	LEAVERS				Grand Total.
	3	4	5	6	7	Total		12	13	14	Total	
Boys	86	123	136	66	12	423	462	86	393	1	480	1365
Girls	64	157	144	63	14	442	429	158	277	2	437	1308
TOTALS	150	280	280	129	26	865	891	244	670	3	917	2673

B.—SPECIAL INSPECTIONS.

Age	Special Cases	Re-Examinations (i.e., No. of Children Re- examined)
Boys	363	330
Girls	397	444
TOTALS	760	774

C.—Total Number of Individual Children Inspected by the Medical Officer, whether as Routine or Special Cases. (No Child being counted more than once).

No. of Individual Children Inspected	3697
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TABLE II.—Return of Defects found in the course of Medical Inspection in 1922.

DEFECT OR DISEASE.					ROUTINE INSPECTIONS		SPECIALS	
					Number referred for treatment	Number requiring to be kept under observation but not referred for treatment.	Number referred for treatment.	Number requiring to be kept under observation but not referred for treatment.
(1)					(2)	(3)	(4)	(5)
Skin	Malnutrition	....	....	....	28	17	8	5
	Uncleanliness :—							
	Head	....	....	....	197	....	....	....
	Body	....	....	....	79	....	1	....
	Ringworm :—							
	Head	....	....	....	3	....	216	....
	Body	....	....	....	5	....	3	....
	Scabies	....	....	....	13	....	3	....
	Impetigo	....	....	....	20	....	....	....
	Other Diseases (non-tubercular)				75	5	11	....
Eye	Blepharitis	....	....	....	46	....	4	....
	Conjunctivitis	....	....	....	9	1	2	....
	Defective Vision	....	....	....	161	....	15	....
	Squint	....	....	....	87	8	4	....
Ear	Other Conditions	....	....	....	13	9	2	....
	Defective Hearing	....	....	....	50	23	48	43
	Otitis Media	....	....	....	2	....	2	....
	Other Ear Diseases	....	....	....	51	4	105	47
Nose and Throat	Enlarged Tonsils	....	....	....	14	133	53	61
	Adenoids	....	....	....	7	21	7	5
	Enlarged Tonsils and Adenoids	....	....	....	4	34	27	9
	Other Conditions	....	....	....	73	42	54	37
Glands	Enlarged Glands (non-tubercular)	....	....	....	1	41	20	49
	Enlarged Thyroid	....	....	....	79	12	89	36
Speech	Defective Speech	....	....	....	14	11	11	....
Heart & Circulation	Heart Disease :—							
	Organic	....	....	....	....	22	1	11
	Functional	....	....	....	....	91	6	24
	Anaemia	....	....	....	6	27	13	1
Lungs	Bronchitis	....	....	....	12	20	5	3
	Other Non-Tubercular Diseases	....	....	....	4	72	11	11
	Pulmonary :—							
	Definite	....	....	....	....	....	3	3
Tuberculosis	Suspected	....	....	....	....	1	2	3
	Non-Pulmonary :—							
	Glands	....	....	....	1	2	1	....
	Spine	....	....	....	....	....	....	1
	Other Bones and Joints	....	....	....	....	1	2	3
	Other Forms	....	....	....	....	2	....	1

TABLE II.—(Continued).

DEFECT OR DISEASE. (1)					ROUTINE INSPECTIONS.		SPECIALS,	
					Number referred for treatment (2)	Number requiring to be kept under obser- vation but not re- ferred for treatment. (3)	Number referred for treatment. (4)	Number requiring to be kept under obser- vation but not re- ferred for treatment. (5)
Nervous System	{ Epilepsy	....	....	....	1	4	7	5
	{ Chorea	....	....	....	2	1	5	....
	{ Infantile Paralysis	....	....	....	2	9	2	4
	{ Other Conditions	....	....	....	13	23	14	23
Deform- ities.	{ Rickets	....	....	....	8	56	1	4
	{ Spinal Curvature	....	....	....	12	43	24	7
	{ Other Forms	....	....	....	136	31	14	4
Other Defects or Diseases					32	39	104	20
Number of Individual Children having defects which require treatment or to be kept under observation.						2,460.		

**TABLE III.—Numerical Return of all Exceptional Children in
the Area in 1922.**

				Boys	Girls	Total	
Blind (including partially Blind within the meaning of the Elementary Education (Blind and Deaf Chil- dren) Act, 1893)	Attending Public Elementary Schools			....	....	....
	Attending Certified Schools for the Blind			2	2	4	
	Not at School			....	....	....
Deaf and Dumb (including partially Deaf within the meaning of the Elementary Education (Blind and Deaf Children), Act, 1893).	Attending Public Elementary Schools			1	1	2	
	Attending Certified Schools for the Deaf			1	4	5	
	Not at School			....	1	1
Mentally Deficient.	{	Feeble-minded	Attending Public Elementary Schools	1	2	3	
			Attending Certified Schools for Mentally Defective Children	11	6	17	
			Notified to Local Control Authority by Local Edu- cation Authority during the year	1	1	2	
			Not at School	3	1	4	
	{	Imbeciles	At School	....	....	....
			Not at School	....	....	....
	{	Idiots	.....	....	....	....
	Epileptics.	Attending Public Elementary Schools			2	6	8
		Attending Certified Schools for Epileptics			1	1
In Institutions other than Certified Schools			....	....	....
Not at School			5	1	6		
Physically Defective.	{	* Pulmonary Tuberculosis	Attending Public Elementary Schools	3	4	7	
			Attending Certified Schools for Physically Defective Children	....	....	....
			In Institutions other than Certified Schools	2	....	2
			Not at School	2	2	4	
	{	* Crippling due to Tuberculosis	Attending Public Elementary Schools	3	1	4	
			Attending Certified Schools for Physically Defective Children	....	....	....
			In Institutions other than Certified Schools	....	....	....
			Not at School	1	1	2	

TABLE III.—(Continued).

			Boys	Girls	Total
Physically Defective (Contd.)	Crippling due to causes other than Tuberculosis, <i>i.e.</i> Paralysis, Rickets, Traumatism	Attending Public Elementary Schools	9	6	15
		Attending Certified Schools for Physically Defective children ....	....	....	....
		In Institutions other than Certified Schools	1	....	1
		Not at School	4	2	6
	Other Physical Defectives, <i>e.g.</i> , delicate and other children suitable for admission to Open-air Schools ; children suffering from severe heart disease.	Attending Public Elementary Schools	27	23	50
		Attending Open-Air Schools	....	....	....
		Attending Certified Schools for Physically Defective Children, other than Open-air Schools. ....	....	....	....
		Not at School ....	....	2	2

* Only 5 of these cases have been notified under the Public Health (Tuberculosis) Regulations, 1912.

TABLE IV. —Treatment of Defects of Children during 1922.
A.—Treatment of Minor Ailments.

Disease or Defect.	No. of Defects under treatment			Number of defects cured	No. of defects remaining under treatm't	No. of attendances at Clinic	No. of Consultations.
	From previous Year	New Cases	Total				
<i>Contagious Skin Diseases—</i>							
Impetigo	7	132	139	130	9	975	360
Scabies .....	....	43	43	42	1	314	184
Pityriasis Rosea	1	2	3	3	....	48	15
Other Diseases .....	....	13	13	12	1	96	28
<i>Non-Contagious Skin Diseases—</i>							
Dermatitis .....	....	21	21	21	....	88	48
Eczema	1	8	9	9	....	14	12
Psoriasis	1	2	3	3	....	11	9
Seborrhoea .....	....	8	8	7	1	30	12
Alopecia .....	....	6	6	6	....	48	10
Carbuncle .....	....	1	1	1	....	15	10
Boils .....	....	6	6	6	....	29	13
Warts	2	8	10	9	1	126	39
Herpes .....	....	12	12	12	....	40	17
Prurigo .....	....	1	1	1	....	1	1
Other Diseases	2	32	34	32	2	145	80
<i>Ear, Nose and Throat Diseases</i>							
Foreign Body in Nose .....	....	2	2	2	....	2	2
Glands	1	31	32	30	2	67	59
Laryngitis .....	....	1	1	1	....	3	3
Tonsillitis .....	....	17	17	17	....	67	57
Other Diseases .....	....	27	27	27	....	62	52
<i>Wounds and Injuries—</i>							
Injuries	2	54	56	54	2	409	361
Dog Bites .....	....	5	5	5	....	8	7
Burns and Scalds .....	....	14	14	12	2	84	35
Others .....	....	124	124	116	8	832	285
<i>External Eye Disease—</i>							
Foreign Body .....	....	2	2	2	....	2	2
Stye .....	....	4	4	4	....	9	6
Keratitis	2	....	2	2	....	21	12
Blepharitis	1	22	23	23	....	97	54
Conjunctivitis .....	....	27	27	26	1	206	144
Iritis .....	....	1	1	1	....	2	2
Pink-Eye .....	....	2	2	2	....	56	34
Cataract .....	....	1	1	1	....	1	1
Corneal Ulcer .....	....	2	2	1	1	33	21
Other Diseases	1	7	8	7	1	45	34

TABLE IV. A.—Continued.

Disease or Defect.	No. of Defects under treatment			Number of defects cured	No. of defects remaining under treatment	No. of attendances at Clinic	No. of Consultations
	From previous Year	New Cases	Total				
<i>Deformities—</i>							
Flat Foot ....	....	1	1	1	....	1	1
Hammer Toe ....	....	1	1	1	....	1	1
<i>Infectious Diseases—</i>							
Measles ....	....	1	1	1	....	1	1
Chicken Pox ....	....	11	11	11	....	16	14
Scarlet Fever ....	....	10	10	10	....	13	13
Mumps ....	....	47	47	47	....	110	100
Whooping Cough ....	....	14	14	14	....	35	34
<i>Neglect—</i>							
Dirty Head ....	....	9	9	8	1	81	28
Dirty Body ....	....	4	4	4	....	15	10
Verminous	1	....	1	1	....	....	....
<i>General—</i>							
Sore Throats							
Ill-health, &c.	4	87	91	89	2	224	178
TOTALS	26	823	849	814	35	4483	2389

No. of Bacteriological Examinations	47
No. of X-Ray Examinations	16
Total Number of Children Treated	716

TABLE A 1—Treatment of Ringworm.

Number of cases	Number of Consultations with Doctor	Number of Attendances made by Children at Clinic	Number of Bacteriological Examinations.	Number of cases cured.	Number of cases still under treatment		Number of cases for which no report is available.
					Attend- ing School	Not attend- ing School	
227	1298	3950	637	172	22	23	10

X-Ray Treatment of Ringworm.

Number or Cases.		Number of X-Ray Exposures	Number of Cases cured.	Number of Cases remaining under treatment.	Number of children not cured whose parents refused X-Ray treatment
Offered	Refused.				
68	10	218	47	11	9

B.—Treatment of Visual Defects.

NUMBER OF CHILDREN.							
REFERRED TO EYE CLINIC		SUBMITTED TO REFRACTION.		For whom Glasses were Prescribed	For whom Glasses were Provided	Recommended for Treatment other than by Glasses	Received other Forms of treatment
Re-exam. from Previous Years.	From Present Year.	Total.	Under Local Education Authority's Scheme, Clinic or Hospital.				
592	251	843	521	431	382	294	294
							28

C 1.—Treatment of Defects of Nose and Throat.

Referred for Treatment.	NUMBER OF CHILDREN.			Received other Forms of Treatment.
	Received Operative Treatment.			
	Under Local Education Authority's Scheme—Clinic or Hospital.	By Private Practitioner or Hospital.	Total.	
	339	72	....		72	119

C 2.—Treatment of Defects of Nose, Throat and Ear at Special Clinic.

Number of cases referred for treatment.	Number of Consultations with Doctor.	Number of attendanc's for treatment	DEFECTS.									
			Tonsils considerably enlarged	Tonsils enlarged	Adenoids	Tonsillitis.	Pharyngitis.	Glands	Nasal Spurs and Defections	Nasal Inflammation	Discharging Ears.	Myringitis and Perforation of Membranes
319	762	2842	49	81	47	3	1	51	19	50	62	35

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DEFECTS (CONTINUED).															
Thicken- ed, Scarred and Opaque Mem- branes	In- drawn Mem- brane	Aural Poly- pus & For- eign Bodies	Fixed Mem- branes	Stoma- titis and Gingi- vitis.	Deaf- ness (Slight)	Deaf- ness (Sev- ere)	Wax in Ears	No. for whom opera- tion for tons- ils and adenoids was advised.	No. who received opera- tive treat- ment for tonsils and adenoids	No. of other opera- tions perfor- med	No. of cases X-ray- ed	No. of Bacter- iologi- cal Examin- ations.	No. of cases cured	No. of cases remain- ing under treat- ment	No. of cases for which no Report is avail- able.
24	21	3	2	1	43	2	43	76	69	3	3	7	219	61	39

D.—Treatment of Dental Defects.

1.—Number of Children dealt with.

	AGE GROUPS.															“Spe- cials”	Grand Total
	3	4	5	6	7	8	9	10	11	12	13	14	15	Total			
(a) Inspected by Dentist	69	249	469	782	775	887	454	99	21	1	4	5	3	3818	234	4052	
(b) Referred for treatment															234	2862	
(c) Actually treated															234	1625	
(d) Re-treated (result of periodical examination)															699	

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2.—Particulars of time given and of Operations undertaken.

No. of Half Days devoted to Inspection	No. of Half Days devoted to Treatment	Total No. of Attendances made by Children at the Clinic	No. of Permanent Teeth		No. of Temporary Teeth		Total No. of Fillings	No. of Administra- tions of General Anaesthetics included in (4) & (6)	No. of other Operations.	
			Ex- tracted	Filled	Ex- tracted	Filled			Permanent Teeth	Temporary Teeth
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
52	340	2491	153	205	795	981	1186	48	207	2723

TABLE E.—Treatment of Uncleanliness.

Number of Special Uncleanliness Inspections made by School Nurses during 1922.	....	....	....	....	....	175
Total number of children examined by School Nurses for Uncleanliness during 1922.	....	....	....	....	....	19226
Number of individual children found Unclean during 1922 (mainly Nits in hair).	....	....	....	....	....	1446
Number of individual children cleansed.			....	....	....	494
Number of children excluded from School for Verminous conditions					....	161

F.—Treatment of Defects discovered from all sources during the year 1922.

Condition.	No. of defects found for which treatment was considered necessary.			No. of defects for which no report is available.	No. of defects treated.	No. of defects not treated	Percentage of defects treated
	From previous year	New	Total				
Cleanliness of—							
Head .....	....	1455	1455	131	1324	....	90.9
Body .....	....	20	20	1	19	....	95.0
Nutrition	13	27	40	6	18	16	45.0
Teeth	1718	3261	4979	819	2524	1636	50.6
Nose and Throat .....	....	339	339	37	191	111	56.3
Ear Disease	16	127	143	7	125	11	87.4
Hearing	21	65	86	6	66	14	76.7
External Eye Disease	12	114	126	8	111	7	88.0
Vision and Squint	64	853	917	44	815	58	88.8
Glands	37	50	87	4	67	16	77.0
Thyroid Gland	30	140	170	21	122	27	71.7
Skin	8	502	510	7	499	4	97.8
Heart and Circulation	17	100	117	30	61	26	52.1
Lungs	4	56	60	11	38	11	63.3
Nervous System	5	46	51	9	41	1	80.3
Speech	3	19	22	1	20	1	90.9
Mental Condition	3	8	11	4	6	1	54.5
Tuberculosis—							
Pulmonary (Suspected) .....	....	5	5	....	5	....	100.0
Non-Pulmonary .....	....	5	5	....	4	1	80.0
Deformities	11	144	155	16	119	20	76.7
Infectious Diseases .....	....	69	69	....	69	....	100.0
Miscellaneous	37	444	481	18	458	5	95.2
TOTAL	1999	7849	9848	1180	6702	1966	68.0

G.—Summary of School Accidents which occurred during the Year 1922.

(Elementary School Children).

Serious	Number of Cases		Total Number of Attendances made by children at Clinic.	Number of cases where treatment was completed at Clinic.	Number of X-Ray Exposures.	Number of cases referred to Hospital or Private Practitioner for further treatment.	Number of cases resulting in permanent disability.
	Minor.	Total.					
3	68	71	241	67	11	4	2

TABLE V.—Result of Treatment of Enlarged Thyroid.

No. of Cases.			No. of Consultations.		No. of attendances for treatment	Nature of Treatment.				Operation
Boys	Girls	Total	No. of Consultations.	Iodine to Thyroid.		Iodine to Arm.	K.I.	Collosal Iodine.	Thyroid Tabloids	
14	102	116	385	1114	31	13	16	41	2	1

	Tremor.				Cardiac re-action				Signs of Exophthalmic Goitre.	Circumference of neck.				Cases for whom treatment was not considered necessary.
	1	2	3	4	0	Tachycardia	Normal	Advanced.	Stationary	Reversed	Increased	Unaltered.	Diminished.	
Condition on Admission	21	12	4	10	69	19	81	10	21	4	...	...	...	33
Condition after Treatment	1	6	...	3	58	...	68	...	2	...	32	15	23	...

In the case operated upon the re-action remained stationary and there was no change.

The explanation of this Table appears in the written portion of the Report.

TABLE VI.—Electrical Treatment.

Number of Cases.		Number of Attend- ances for Treatment.	Disease or Defect.			
Boys	Girls		Infantile Paralysis	Naevus	Alopecia	Functional Paralysis.
5	5	158	6	1	1	2

**TABLE VII.—Summary of Treatment of Defects as shown in Table IV.
(A, A1, B, C1, C2, D, F, and G, but excluding E.), Table V., and Table VI.**

DISEASE OR DEFECT.	NUMBER OF CHILDREN.			
	Referred for Treatment.	TREATED.		Total.
		Under Local Education Authority's Scheme.	Otherwise	
Minor Ailments	716	716	....	716
Ringworm	227	193	34	227
Visual Defects	843	753	....	753
Defects of Nose, Throat and Ear.	339	319	....	319
Dental Defects	2862	1625	....	1625
Other Defects	665	364	182	546
TOTAL	5652	3970	216	4186

TABLE VIII.—Summary relating to Children Medically Inspected at the Routine Inspections during the Year 1922.

(1) The total number of children medically inspected at the routine inspections.	2673
(2) The number of children in (1) suffering from defects (other than uncleanness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment)	592
(3) The number of children in (1) suffering from—	
Malnutrition	46
Skin Disease	136
Defective Vision (including squint)	269
Eye Disease	82
Defective Hearing	83
Ear Disease	53
Nose and Throat Disease	517
Enlarged Glands (non-tubercular)	241
Defective Speech	24
Dental Disease	413
Heart Disease—	
Organic	23
Functional	91
Anaemia	40
Lung Diseases (non-tubercular)	108
Tuberculosis—	
Pulmonary (Definite) ....	....
Pulmonary (Suspected)	1
Non-pulmonary	6
Disease of the Nervous System	62
Deformities	432
Other Defects and Diseases	123
(4) The number of children in (1) who were referred for treatment (excluding uncleanness, defective clothing, etc.)	1044
(5) The number of children in (4) who received treatment for one or more defects (excluding uncleanness, defective clothing, etc.)	604

“Specials” are not included in this Table.

Higher Education.**TABLE I.—Number of Children attending the Swindon Secondary Schools, Inspected 1st January, 1922 to 31st December, 1922.****A.—ROUTINE MEDICAL INSPECTION.**

	AGE GROUPS.								TOTAL
	11	12	13	14	15	16	17	18	
Boys	18	105	76	4	2	3	....	....	208
Girls	13	58	62	19	10	6	....	1	169
TOTALS	31	163	138	23	12	9	....	1	377

B.—SPECIAL INSPECTIONS.

	Special Cases.	Re-Examinations. (i.e. No. of Children Re-Examined)
Boys	12	9
Girls	19	48
TOTALS	31	57

C.—Total Number of Individual Children Inspected by the Medical Officer, whether as Routine or Special Cases.

(No Child being counted more than once in one year).

Number of Individual Children Inspected 411

TABLE II.—Return of Defects found in the Course of Medical Inspection in 1922.

DEFECT OR DISEASE.				ROUTINE INSPECTIONS.		SPECIALS	
				Number referred for treatment.	Number requiring to be kept under observation but not referred for treatment.	Number referred for treatment.	Number requiring to be kept under observation but not referred for treatment.
(1)				(2)	(3)	(4)	(5)
<i>Skin—</i>	Malnutrition ....	....	....	....	4	....	....
	Uncleanliness-Head ....	....	....	36	....	....	....
	Scabies ....	....	....	1	....	....	....
	Other Diseases (Non-tubercular)	....	....	6	1	1	....
<i>Eye—</i>	Blepharitis ....	....	....	2	....	....	....
	Conjunctivitis ....	....	....	1	1	....	....
	Defective Vision ....	....	....	53	5	1	....
	Squint ....	....	....	6	2	....	....
<i>Ear—</i>	Otorrhoea ....	....	....	2	....	....	....
	Otitis Media ....	....	....	2	....	....	....
	Defective Hearing ....	....	....	14	....	1	....
	Other Conditions ....	....	....	2	....	1	....
<i>Nose and Throat—</i>							
	Enlarged Tonsils ....	....	....	5	10	....	....
	Deflected Septum ....	....	....	4	....	1	....
	Other Conditions ....	....	....	8	2	1	....
	Enlarged Thyroid Gland ....	....	....	35	3	1	....
	Speech Defective ....	....	....	3	....	....	....
<i>Heart—</i>							
	Organic ....	....	....	....	4	....	....
	Functional ....	....	....	....	4	....	2
	Anaemia ....	....	....	....	5	....	....
	Dental Disease ....	....	....	93	....	8	....
<i>Tuberculosis—</i>							
	Skin ....	....	....	1	....	....	....
	Other Bones and Joints ....	....	....	....	....	1	....
<i>Nervous System—</i>							
	Asthma ....	....	....	1	....	....	....
	Infantile Paralysis ....	....	....	1	....	....	....
	Other Conditions ....	....	....	19	5	1	....
<i>Deformities—</i>							
	Spinal Curvature ....	....	....	6	3	....	....
	Other Forms ....	....	....	25	9	1	1
	Other Diseases or Defects. ....	....	....	6	4	2	....

Number of Individual Children having Defects which
require treatment or to be kept under
observation

TABLE IV.—Treatment of Visual Defects.

REFERRED TO EYE CLINIC		NUMBER OF CHILDREN					
		SUBMITTED FOR REFRACTION	For whom Glasses were prescribed	For whom Glasses were provided	Recom- mended for treatment other than by Glasses	Received other Forms of treatment	For whom no Treat- ment was considered necessary.
Re-Exams. from previous years.	From present year.	Under Local Education Authority's Scheme— Clinic or Hospital.					
14	31	45	34	34	7	7	4

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TABLE V.—Summary of Accidents which occurred to Secondary School Pupils, during the year 1922.

NUMBER OF CASES.		Total Number of attendances made by children at Clinic.	Number of Cases where treatment was completed at Clinic.	Number of X-Ray Exposures.	Number of Cases referred to Hospital or Private Practitioner for further treatment.	Number of Cases resulting in permanent disability.
Serious	Minor	Total.				
1	19	20	19	3	1	1

TABLE VI.—Result of Treatment of Enlarged Thyroid.

No. of Cases			NATURE OF TREATMENT.							
Boys	Girls	Total	No. of Consultations.	No. of attendances for treatment	Iodine to Thyroid	Iodine to Arm	K.I.	Colloidal Iodine	Thyroid Tabloids	Electrical
....	23	23	85	215	....	4	....	12	....	1

	Tremor.				Cardiac re-action.			Signs of exophthalmic Goitre.	Circumference of neck			Cases considered cured.	Cases for whom treatment was not considered necessary
	1	2	3	4	0	Tachycardia	Normal	Advanced.	Stationary.	Increased	Unaltered	Diminished	
Condition on Admission	5	3	1	3	11	4	12	5	6	....	....	....	4
Condition after Treatment	1	1	1	1	13	....	15	1	1	7	4	6	3
												

TABLE VII.—Treatment of Defects discovered in Secondary School Children.—Year 1922.

NUMBER OF CHILDREN.						
DISEASE OR DEFECT.	Referred for treatment.	TREATED.			Not Treated.	For whom no Report was available.
		Under Local Education Authority's Scheme.	Otherwise	Total		
Uncleanliness—Head	36	....	36	36	....	....
Skin	8	6	2	8	....	....
Vision	60	32	11	43	14	3
Eye Disease	3	3	....	3	....	....
Dental Disease	101	7	45	52	46	3
Ear Disease	7	1	5	6	1	....
Defective Hearing	15	7	3	10	5	....
Speech	3	3	....	3	....	....
Thyroid Enlarged	36	23	6	29	7	....
Deformities	32	4	25	29	1	2
Nervous System	22	20	2	22	....	....
Nose and Throat	19	....	8	8	10	1
General	8	....	7	7	1	....